

A. Name and Phone of Contact Person at Requestor**New Hampshire UCC Form 11-U
Information Request****B. Return to (Name and Address):**

1. DEBTOR NAME to be searched – Insert only **one** debtor name in 1A or 1B. Do not combine names.

1A. ORGANIZATION NAME

1B. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices that include as a debtor, the name indicated in item 1. Select one of the following:

- 2a. *Certified Search Response Without Copies* (Check this box to request a response without copies that is complete and includes all filings that are on file.)
- 2b. *Certified Search With Copies* (Check this box to request a response which includes copies of all filings that are on file.)
- 2c. *Specified Copies only* **CERTIFIED JACKET** (optional)

Record Number	Date record Filed (if required)

3. Type of Service Requested:

3a. Service (applicable only to State UCC office)
(check one ***only***)

Routine (\$10 plus \$1 per copy)
24-Hour Expedited (\$25 plus \$1 per copy)
Same-Day Expedited (\$35 plus \$1 per copy)

3b. Cost of copies will not exceed the indicated
maximum below: (check one)

\$25.00	\$50.00
\$100.00	no limit

Completed: _____